

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90077 001 \*\*\*150.00

**DOCUMENT # P01000098118**

**1. Entity Name**

**DYNASTY ACADEMY OF DANCE, INC.**



**Principal Place of Business**

**5440 W SAMPLE ROAD  
MARGATE FL 33063**

**Mailing Address**

**5440 W SAMPLE ROAD  
MARGATE FL 33063**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**65-1145426**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TOBIN & REYES, P.A.  
7251 WEST PALMETTO PARK ROAD  
SUITE 205  
BOCA RATON FL 33433**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **DICUIA, EDWARD**  
STREET ADDRESS **3082 NW 72ND AVENUE**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **V** ☐ Delete  
NAME **JULIANO, KIMBERLY**  
STREET ADDRESS **9701 NW 2 STREET**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **V** ☐ Delete  
NAME **BLOESER, JACK**  
STREET ADDRESS **2849 SOUTH OAKLAND FOREST DRIVE, #204**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE **S/T** ☐ Delete  
NAME **DAKE DICUIA**  
STREET ADDRESS **3082 NW 72 Ave**  
CITY-ST-ZIP **Margate FL 33063**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2112 S. Cypress Bend DR #601**  
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWARD D. Dicuia**

Date

Daytime Phone #

**4/15/04 954-776-8733**